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Infant mortality rates for certain cities in the birth registration area, 1920 and 1921—Contd.

Area.	1921		1920		
	Deaths under 1 year of age.		Births.	Deaths under 1 year of age.	
	Num-ber.	Per 1,000 births.		Number.	Per 1,000 births.
Dayton, Ohio.....	237	77	3,245	275	85
Detroit, Mich.....	2,303	85	27,690	2,885	104
Fall River, Mass.....	413	111	3,537	458	129
Grand Rapids, Mich.....	231	74	3,128	310	99
Indianapolis, Ind.....	523	77	6,848	623	91
Jersey City, N. J.....	673	82	(¹)	(¹)	(¹)
Kansas City, Kans.....	172	76	2,256	243	108
Los Angeles, Calif.....	832	66	11,635	830	71
Louisville, Ky.....	335	70	4,730	409	86
Lowell, Mass.....	279	90	3,154	425	135
Milwaukee, Wis.....	870	82	10,525	990	94
Minneapolis, Minn.....	524	55	9,182	600	65
New Bedford, Mass.....	347	99	3,507	429	122
New Haven, Conn.....	252	59	4,229	368	87
New York, N. Y.....	9,528	71	132,823	11,319	85
Newark, N. J.....	836	71	(¹)	(¹)	(¹)
Norfolk, Va.....	241	82	2,862	285	100
Oakland, Calif.....	206	50	4,142	293	71
Omaha, Nebr.....	345	71	4,515	415	92
Paterson, N. J.....	249	74	(¹)	(¹)	(¹)
Philadelphia, Pa.....	3,346	76	43,642	3,956	91
Pittsburgh, Pa.....	1,443	89	14,740	1,641	111
Portland, Oreg.....	250	47	5,202	310	60
Providence, R. I.....	547	83	(¹)	(¹)	(¹)
Richmond, Va.....	433	101	4,197	479	114
Rochester, N. Y.....	530	78	6,716	567	84
St. Paul, Minn.....	260	47	5,175	378	73
Salt Lake City, Utah.....	251	72	3,326	241	72
San Francisco, Calif.....	429	48	9,034	558	62
Seattle, Wash.....	291	47	6,166	349	57
Spokane, Wash.....	129	53	2,446	174	71
Springfield, Mass.....	238	68	3,419	290	85
Syracuse, N. Y.....	355	82	4,185	438	105
Toledo, Ohio.....	406	76	5,340	473	89
Trenton, N. J.....	268	79	(¹)	(¹)	(¹)
Washington, D. C.....	757	83	8,823	803	91
Wilmington, Del.....	231	87	(¹)	(¹)	(¹)
Worcester, Mass.....	370	77	4,809	410	85
Yonkers, N. Y.....	153	61	2,392	212	89
Youngstown, Ohio.....	365	93	3,935	375	95

¹ Not admitted to birth registration area until a later date.

THE CARE OF YOUR BABY.¹

Motherhood.

Each year nearly a quarter of a million babies die in the United States. Of these, a large number could have been saved.

One hundred thousand of these babies die in the first month of life, most of them because of conditions affecting the mother before the baby was born. By giving proper care and attention to mothers before the baby is born, thousands of baby lives can be saved.

¹ EDITORIAL NOTE.—This series of 12 short articles on the care of the baby was originally prepared by the Public Health Service, under the title of "Your Baby," for publication in various newspapers throughout the country. Owing to the great popular demand for material of this character, and its value to young mothers, the series has been rewritten and rearranged and, after publication in Public Health Reports, will be reprinted in pamphlet form.

THOUSANDS OF MOTHERS LOSE THEIR LIVES NEEDLESSLY.

But mothers should have better care, for another important reason. In this country at least 15,000 mothers die in childbirth each year; that is, one mother in every 150 cases of childbirth. Over half of them lose their lives from preventable conditions. What can we do to stop this awful sacrifice?

SAFEGUARDING THE HEALTH OF EXPECTANT MOTHERS.

Every expectant mother should early place herself under the care of a good physician or a well-conducted obstetrical charity. If the expected baby is her first, the physical examination which the doctor makes should include measurements of the pelvis. An examination of the blood by means of the Wassermann test shows that a certain percentage should undergo thorough medical treatment in order to insure a healthy baby. Repeated examinations of the urine are essential for the detection of conditions the early treatment of which may save the mother's life.

Before the baby is born the mother should safeguard her health in every way. She should be as far as possible relieved of worry, have plenty of fresh air, good, wholesome food, and sufficient recreation, rest, and sleep. The bowels should move once a day. Constipation, which is often troublesome during the later months of pregnancy, should preferably be controlled by regulating the diet; but if that does not suffice, some simple laxative prescribed by the doctor should be taken. The clothing should be loose, though corsets may be worn during the earlier months.

During the last months of pregnancy the expectant mother should see her physician or send him a specimen of her urine every two weeks. She must drink sufficient liquid to insure the passage of at least three pints of urine each 24 hours. Persistent or sudden and severe headaches, swelling of the face or hands, or increasing swelling of the ankles, must be reported at once to the physician in charge.

The appearance of a bloody discharge also demands instant summoning of the physician.

A number of patent medicines have been widely advertised to make childbirth safe, easy, and painless. They are all frauds. Instead of wasting money on them, expectant mothers should seek a doctor's advice.

THE GREAT EVENT.

At no time in her life does a woman require better care and attention than during childbirth. A competent doctor, or if such is not available, a properly supervised and licensed midwife, should attend. The patient's room should be large, clean, and light, and the necessary maternity outfit should be conveniently at hand.

The following lists represent useful outfits:

List 1.

- 1 pound absorbent cotton.
- 1 yard sterile gauze.
- 1 tube vaseline.
- 1 cake castile soap.
- 1 flannel band, 5 inches wide, 1 yard long.
- 6 bird's-eye diapers.
- $\frac{1}{2}$ dozen small safety pins.
- 2 dozen large safety pins.
- 1 ounce powdered boracic acid.

List 2.

- 1 pound absorbent cotton.
- 5 yards sterile gauze.
- 1 envelope sterile umbilical tapes.
- 1 dozen sterile sanitary napkins.
- 1 tube vaseline.
- 4 ounces powdered boracic acid.
- 1 dozen bird's-eye diapers.
- 1 flannel band, 5 inches wide, 1 yard long.
- 1 cake castile soap.
- 1 dozen small safety pins.
- 2 dozen large safety pins.
- 1 new douche bag, 2 quarts.
- 1 eye dropper.
- 1 douche pan.
- $1\frac{1}{2}$ yards rubber nursery sheeting.

AFTER BABY COMES.

The mother should rest in bed for at least a week after the baby is born and for several weeks more should not do really heavy work. Various forms of serious female troubles are due to a failure to follow this advice.

The mother's food should be plentiful, wholesome, and nutritious; for, of course, baby must be nursed at the breast. The mother should drink plenty of milk, but much tea and coffee are injurious.

Almost all mothers can breast-feed their babies.

If the flow of milk is scanty, the mother should—

- (a) Drink plenty of liquids, especially milk.
- (b) Not do heavy work.
- (c) Get sufficient rest and sleep.
- (d) Take an outdoor airing every pleasant day.
- (e) Avoid constipation.
- (f) Put baby to nurse regularly.

In order to train the child and to keep herself well and strong, the mother should systematize baby's daily life, the nursing times, bath, sleep, and outdoor periods. If the baby is often fretful, the mother should seek the doctor's advice. Under no circumstances should she give soothing sirups or other patent medicines recommended by the neighbors.

REGISTER THE BABY'S BIRTH.

It is an important duty the mother owes her little one to make sure that his birth is properly recorded with the authorities. Ask the doctor if he registered your baby at the health department.

Here are some of the reasons why births should be recorded:

To establish identity and prove nationality.

To prove descent, or legitimacy.

To establish the right of inheritance to property.

To establish ability to make contracts.

To show when he has the right to enter school.

To show when he has the right to seek employment.

To establish the right to vote.

To establish the right to hold public office.

To enter the professions.

To prove the age at which the marriage contract may be entered into.

To establish liability to military duty.

For court purposes.

Fill out this memorandum and preserve it for your baby. It may save him much time, money, and inconvenience.

Baby's name.....		
Date of birth: Day.....	Month.....	Year.....
Sex.....	If twin or triplet, give number in order of birth.....	
Birthplace.....	Birth registration number.....	
Father's name.....	Birthplace.....	
Mother's maiden name.....	Birthplace.....	
Attending physician.....		
Address.....		

BABY'S HEALTH HISTORY.

There are many times when it is of the greatest importance to know something definite about the life history of a child. The following record is therefore suggested to all mothers.

PERSONAL HISTORY.

Date..... Record made by.....

Weight at birth.....pounds. Strong..... Feeble..... Premature.....

Birth registered..... Registration No.....

Number child of mother, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.

Kind of food at present.....

Number feedings in 24 hours..... Amount each feeding.....

Hours of feeding: Day..... Night.....

Breast-fed from.....to..... Weaned at what age.....

Bottle-fed from.....to..... What bottle food.....

Child sleeps alone..... If not, with whom?.....

Awakens.....hour. Goes to bed.....hour. Sleeps well.....

Sleeps in open air. Day..... Night.....

Sleeps with windows open.....

If table-fed, give chief articles of diet.....

.....

Drinks tea..... Coffee.....

Eats well..... Eats good breakfast..... Bowels regular.....

ILLNESS.

[Check each illness or condition separately and give age at attack.]

CONTAGIOUS:	Measles.....	Whooping cough.....
	Scarlet fever.....	Diphtheria..... Chicken pox.....
	Other.....	
RESPIRATORY:	Croup.....	Colds..... Tonsillitis.....
	Influenza or grippe....	Bronchitis.... Pneumonia....
	Other.....	
DIGESTIVE:	Constipation.....	Colic.....
	Indigestion.....	Diarrhea.....
	Other.....	
OTHER AILMENTS:	Convulsions.....	Earache.....
	Fevers.....	Enuresis (bed wetting).....
	Vaccinations.....	Other inoculations.....
REMARKS:	

Bathing the Baby.

Baby should be bathed at least once a day. During the hot weather one or two extra sponge baths may be given; but as a rule the daily bath should be a tub bath. A tub bath is preferable to the sponge bath for several reasons. It can be done more quickly and thoroughly, and the baby is not so liable to take cold.

The room should be warm; an open fire is desirable in cool weather. The water should be comfortably warm but not hot, about 90 to 95° F. The temperature of the baby's bath may be tested with the bare elbow, never with the hand. However, a bath thermometer is the best method of testing the water.

Equipment.—Everything needed for the bath should be in readiness before baby is undressed. It is well to have a small wicker basket painted white, which will contain all the articles necessary for baby's toilet. In this should be kept a cake of pure white castile soap, a small bottle of olive oil, pure talcum powder, boric acid, four dozen safety pins of assorted sizes, and a roll of absorbent cotton. Besides this, there should be in readiness a clean wash cloth, clean towels, full set of clean clothing.

Undressing.—To undress the baby, take the clothes off over his feet. If held on the lap, a large bath towel should be placed across the lap to prevent his tender skin from coming in contact with the rough or worsted dress, and to receive him when he is lifted out of the tub. A more convenient way of bathing the baby is to undress him on a table instead of the lap. After undressing the baby, wrap him in a small blanket or large bath towel while washing his face.

Washing baby's face.—Before putting the baby into the tub, wash his face, head, and ears, being careful not to get soap into his eyes and mouth. Very little soap is needed for baby's skin. It is most important that the skin should be rinsed thoroughly. Pat the skin dry with a soft towel, taking care to dry well back of the ears and in the soft folds of the neck. The eyes should be cleansed with absorbent cotton dipped in boric acid solution. Squeeze a drop into each eye, being careful to use a fresh piece of cotton for each eye. The mouth and nose then should be cleansed with an applicator dipped in boric acid solution. An applicator is made by twisting a small tuft of absorbent cotton upon the end of a wooden tooth pick in such a way as to make a rounded pad. If made correctly, the cotton will not slip off readily. Be careful not to injure the ears. It is better to ask your physician or the nurse to show you just how to cleanse the ears correctly.

The tub bath.—It is well to lay a bath towel in the bottom of the tub and put only a small amount of water in at first, so as not to frighten the baby. If baby is plunged immediately into a tub of

water, it becomes startled and may never enjoy a tub bath; whereas if the water is added gradually, the baby's attention in the meantime being attracted to something else, it soon learns to enjoy the morning dip.

Before placing baby into the tub, soap the entire body thoroughly; then place him in the bath, holding him with the left forearm under the neck and shoulders, the left hand under his arm, and lifting the feet and legs with right hand. Support the baby while in the tub with the left hand and arm. Sponge the entire body with the right hand; then lift the baby out and wrap him in a bath towel. Dry carefully with the soft towel, patting the skin gently. Never rub the baby's tender skin with anything less smooth than the palm of the hand. A little pure talcum powder may be used in the creases and folds of the skin, under the arms, and around the buttocks; but it should not be used so freely as to clog the pores of the skin, and never should be used until the skin has been dried as thoroughly as possible with the towel.

The baby's bath should be given as nearly as possible at the same hour each day, at least an hour after feeding. At first the duration of the bath should be only about three minutes. Later it may be 5 minutes, and as the child grows older and stronger he may be allowed to play in the water for about 15 minutes, as the skin absorbs some water, which is beneficial to the system. Besides this, the water relaxes the muscles and aids in overcoming many wrong conditions. Muscles that have been contracted by disease will be benefited by the warm bath.

Bran baths.—When there is any irritation of the skin, such as chafing or prickly heat, oatmeal bags or bran may be substituted for soap. Make a cotton bag of cheesecloth or other thin material and fill loosely with bran. Soak the bag in the bath water, squeezing it until it becomes milky.

Powder.—A little pure talcum powder may be used in the creases and folds of the skin, under the arms, and around the buttocks; but it should not be used too freely, for reasons already mentioned. A highly perfumed powder should be not used.

An older child who does not want to take a bath may be taught to enjoy it by having some toy added to the bath, such as one of the floating animals that may be purchased for as little as 5 cents apiece. It is much better to coax a child with some toy than to compel him by force against his will. In training a child, one never should attempt to "break" his will, but rather should endeavor to guide it in right channels. Strong-willed (not stubborn) people make the best citizens. Many a child has been made stubborn by attempts to coerce him into submission.

Development of the Baby.

At birth a baby's head is larger in proportion to his body than is an adult's. The abdomen is big. The arms and legs are short, and the legs are slightly bowed.

Soon after birth a baby develops sense of contact and temperature—that is, he knows when he is being held and he can appreciate heat or cold. He learns to see light and to hear during the first three or four days.

The first month the hands move aimlessly about. During the second month he learns to put his hand to his mouth and tries to lift his head.

During the third and fourth months a baby will make an effort to grasp what is held before him and will try to sit up. He should not be allowed to do so unless he is supported. About this time he begins to recognize others and develops a will of his own, which is expressed in crying when he is displeased. He will coo when he is happy.

About the sixth month a baby can sit alone for a few minutes. He will grasp and hold whatever comes within reach of his busy fingers. He now begins to be sociable and will try to talk, sometimes making vowel sounds.

From the seventh month to the ninth month he will creep and will make efforts to stand. He likes to imitate movements and to have sympathy and attention shown him.

From the ninth month to the twelfth month he learns to stand, and from the twelfth to the sixteenth month learns to walk. He develops a sense of desire to please, and this leads to obedience. Sometimes at the twelfth month he can say a few words.

A baby simply follows his instincts. An older person must keep him from harm and show him gently how to do the right things until he learns for himself.

Weigh your baby.—The loss of a pound or two of weight makes very little difference to the adult, but it is a serious matter for a young baby. A pound or two loss means as much to the baby as 10 or 15 pounds does to the adult, for it is 10 per cent or more of his total body weight.

If a baby fails to gain in weight for several weeks, or loses a pound or two, it becomes noticeable. But the average daily gain in weight for the first year is so small that it can not be detected without weighing.

The following table gives the weights of the average baby by weeks. A baby may weigh a little more or less and still be entirely normal.

End of 1 week normal baby should weigh 7 pounds.

End of 2 weeks normal baby should weigh 7 pounds 6 ounces.

End of 3 weeks normal baby should weigh 7 pounds 14 ounces.

End of 4 weeks normal baby should weigh 8 pounds 6 ounces.

End of 5 weeks normal baby should weigh 8 pounds to 8 pounds 14 ounces.

End of 6 weeks normal baby should weigh 9 pounds to 9 pounds 6 ounces.

End of 7 weeks normal baby should weigh 9 pounds 8 ounces to 9 pounds 14 ounces.

End of 8 weeks normal baby should weigh 9 pounds 14 ounces to 10 pounds.

End of 9 weeks normal baby should weigh 10 pounds to 10 pounds 8 ounces.

End of 10 weeks normal baby should weigh 10 pounds 6 ounces to 10 pounds 14 ounces.

End of 11 weeks normal baby should weigh 10 pounds 10 ounces to 11 pounds 4 ounces.

End of 12 weeks normal baby should weigh 11 pounds to 12 pounds.

After the twelfth week the baby should gain on an average of 4 ounces a week.

The regular increase in weight is of more importance than conforming to a table.

When a baby fails to gain the required number of ounces for even one week, it means that there is something wrong with him or the food. *Whatever it is, it should be remedied at once.* To delay until baby has lost weight for several weeks, or until the loss of weight reaches a pound or two, always lessens the baby's chances of prompt recovery.

It is very much easier to keep a young baby well and gaining steadily than it is to have him regain lost weight, or to get him well again once he has become ill. For these reasons a mother should weigh the young baby every week until he is 9 months old, and after that at least every two weeks until he is 1 year old. From infancy until he enters school the child should be weighed at least once a month.

The average baby weighs a little over 7 pounds at birth. He doubles his weight at six months, weighing ordinarily 14 pounds, and triples it at one year, weighing about 21 pounds.

Get to Know Your Baby.

Babies can not talk, but they have a sign language which the observant mother may learn to understand. By proper interpretation of his crying and movements, a great many of baby's wants may be determined and wisely cared for.

WHAT TO OBSERVE IN A BABY.

A normal, healthy child gains regularly in weight, has a warm, moist skin, breathes quietly, eats heartily, sleeps peacefully, has one or two regular bowel movements daily, and cries only when he is hungry, uncomfortable, ill, or indulging in a fit of temper.

Posture when sleeping.—Quiet, limbs relaxed, sleep peaceful, no tossing about.

Facial expression.—Calm and peaceful. If baby is suffering pain, the features will contract from time to time, and the fists will be clenched tightly.

Breathing.—Regular, easy, and quiet; however, during the first weeks of life, breathing may be irregular in perfectly normal babies. This should excite no alarm unless associated with other abnormal conditions, such as hot skin and flushed face.

Baby should breathe through the nose and keep the mouth closed. Mouth breathing or habitual holding the mouth open usually indicates enlarged tonsils or adenoids or some other obstruction to the breathing which needs the attention of a physician.

Skin.—Warm, slightly moist, and a healthy pink color. The skin should be soft and smooth to the touch, and the underlying muscles firm. Flabby muscles usually indicate something wrong with the feeding.

Crying.—Babies need a certain amount of crying to develop their lungs. When children cry for everything they want, it is the result of faulty training. If baby is cross or fretful and cries a great deal of the time, it does not mean necessarily that he is ill, but there is something wrong with him. Learn what he is trying to tell you by crying.

Hunger Cry: A low, whimpering cry sometimes accompanied by sucking the fingers or the lips. If the meal is not forthcoming, it may change to a lusty scream. Babies are as likely to cry from indigestion caused by overfeeding as from hunger.

Fretful Crying: The baby is sleepy or uncomfortable. He may be too warm or tired of being laid in one position. A tepid sponge bath and gentle rub or a change of clothing and taking him out will prove very restful and comforting. If the crying continues, consult the doctor; the child may be ill.

Cry of Colic or Pain: A lusty cry sometimes rising to a shriek, with tears in the eyes. In colic or abdominal pain the knees are drawn up and the fists are clenched. A tight fist is usually an indication of pain. If the crying increases, with moving of an arm or leg or when placing the child in a certain position, he may have a broken bone or other damage calling for the attention of a doctor.

Sick Cry: The very sick baby does not cry hard. There is a low moaning or a wail, with sometimes a turning of the head from side to side.

Sick Baby.—Learn to recognize any change from the normal. Unusual flushing or pallor of the face, sleeplessness, lack of energy, loss of appetite, profuse sweating, especially of the head, peevishness, vomiting or diarrhea, give warning that something is wrong. Find out what and why.

HOW TO HANDLE A BABY.

A baby must always be handled carefully. His bones are still part cartilage and they bend and break easily. Other bad effects of too much or careless handling are sore and painful muscles, which make a baby cross. Handling after eating upsets the digestion. Jolting, bouncing, and rocking make a child excitable and nervous.

A young baby can not turn himself over, and his muscles get very tired if he remains too long in one position. When he is taken up

for feeding or cleansing, his position should be changed from side to side, or from lying on his back to lying on his stomach. But always the head and back must be kept straight, and the arms and legs free. The ears should be kept straight and flat on the head. The eyes should be protected from direct light.

To hold a young baby on one arm, lay him flat on his back on your left arm, supporting the neck and head with the palm of the hand and fingers, and pressing his body close to your body with the left elbow. Never throw a baby over the shoulder.

A baby should not be encouraged to try to hold up his own head until he is four months old or to sit up until he is six months old. The spine, neck, and head always should be supported. Never pick a child up by the arms. Grasp him firmly by the shoulders or body.

In walking with an older child do not walk too fast nor compel him to reach up to take your hand. It is very tiring to walk in that position.

BABY'S DAILY PROGRAM.

A baby must have regular hours for nursing and for sleep. He must be put to bed *on time* and at the *same time every day*.

The baby's bath, outing, play time, nap, going to stool, in fact everything that is necessary to a baby's care, should be done with the *same care, precision, and regularity* that is used in caring for any fine machine.

Regularity in baby's care will establish good habits. The first years of a child's life are, for these reasons, the most important. If he has the right sort of care *then*, and is trained in the right sort of habits from the very first day of his life, he will grow and develop properly.

On the other hand, careless and irregular feeding, keeping baby awake at all hours, waking him to show to the neighbors, taking him out to walk when he ought to be in bed, will make a baby unhappy and cross.

A child who has been trained to habits of regularity, to obedience and self-control, is much easier taken care of when ill; and these habits assist in the recovery.

SAMPLE PROGRAM FOR EVERY DAY.

6 a. m.—Baby's first nursing.

Family breakfast; children off to school.

9 a. m.—Baby's bath, followed by second nursing.

Baby sleeps until noon.

12.—Baby's noon meal.

Out-of-door airing and nap.

3 p. m.—Afternoon nursing.

Period of waking.

6 p. m.—Baby's supper and bed.

10 to 12 p. m.—Baby's night meal.

Breast Feeding the Baby.

The most loving act a mother can do is nurse her baby. When nursing, it not only gets the best food, but it is less liable to many diseases, such as summer complaint, convulsions, and tuberculosis.

Of every 100 breast-fed babies, 6 die in the first year of life; whereas of every 100 bottle-fed babies, 25 die in the first year of life. The baby will have the best chance of living if he is fed at the breast.

A baby should be breast-fed exclusively except when the supply of breast milk is insufficient to make him gain properly. Nearly every mother can nurse her baby during the first three or four months of life; and if she can nurse it for 10 months, so much the better.

Even if there is but little breast milk at first, there may be an abundant supply after the first few weeks. The act of nursing causes the milk to come into the breast and increase the supply.

THE MOTHER'S HEALTH.

The nursing mother needs plenty of fresh air and some exercise each day in the open air, preferably walking or light gardening. The ordinary household duties may be performed; but the nursing mother must not be overworked. She should take a nap each afternoon, or at least lie down and rest in a cool room.

The nursing mother can not afford to have a "spell of nerves." Anger, worry, grief, excitement all interfere with the nervous system and its control of the circulation of the blood, which affects the supply and the quality of the milk.

DIET FOR THE NURSING MOTHER.

The diet for a nursing mother should be appetizing, nutritious, and laxative. As a rule, she may follow her choice of food, avoiding foods which she has learned disturb her digestion, as these will disturb the baby.

If the milk is scanty, a more generous diet is indicated. She should take more fresh milk, eggs, fresh vegetables, ripe fruit, nourishing liquid food, and drink plenty of water, avoiding tea and coffee and all alcoholic preparations or patent medicines.

Constipation should be guarded against. Fresh fruits are laxative. So are bran biscuits or bran added to the whole-wheat flour. Whole-wheat bread is more nourishing than white bread and does not constipate. A glass of hot water the first thing on rising in the morning has a beneficial action on the bowels.

The following diet is recommended for mothers:

All kinds of soups.

All kinds of fresh fish, boiled or broiled.

Meats, once a day—beef, mutton, lamb, veal, ham, bacon, chicken, or turkey.

Eggs—freely, one or two each day.

All cooked cereals with milk and cream and sugar.

All stale breads, avoiding fresh bread and rich cake.

All green vegetables—peas, string beans, asparagus, cauliflower, spinach, white and sweet potatoes, celery, lettuce, and other plain salads with oil.

Deserts of plain custard or pudding; ice cream; no pastry.

Fruits should be taken freely—all ripe, raw fruits and cooked fruits.

Drinks—milk, buttermilk, cocoa, and plenty of water—1 or 2 quarts daily; tea and coffee sparingly, and not strong, once a day. No beer or other alcoholic drinks.

RULES FOR NURSING.

The mother should lie down to nurse her baby. The newborn baby is put to the breast when he is 5 or 6 hours old. During the first 24 hours he should nurse not more than four times, but at both breasts each time. A newborn baby may be given plain cool boiled water at regular intervals between nursing. Do not give him any kind of tea or other mixture.

Beginning with the second day, baby should nurse every two and one-half to three hours. On the three-hour schedule he nurses at 6, 9, and 12 a. m. until 4 months old. Alternate each breast or let him take both breasts at each time, according to his appetite and the amount of milk. In the event the milk is delayed longer than the third day, baby should be fed from the bottle at three-hour intervals; but he should be put to the breast regularly in order to stimulate the flow of milk.

The average healthy baby nurses every three hours until it is 4 months old. When he is 6 months old, he nurses every four hours, usually taking both breasts each time. This makes five nursings in 24 hours, four during the day and one at night, as follows: Six a. m., 10 a. m., 2 p. m., 6 p. m., and 10 p. m.

CONVENIENT HOURS FOR NURSING.

(1) Seven nursings in 24 hours: Six a. m., 9 a. m., 12 noon, 3 p. m., 6 p. m., 8 or 10 p. m., and once during the night.

(2) Six nursings in 24 hours: Six a. m., 9 a. m., 12 noon, 2 p. m., 6 p. m., and at the mother's bedtime; or at 6 a. m., 10 a. m., 2 p. m., 6 p. m., 10 p. m., and once during the night.

(3) Five nursings in 24 hours: Six a. m., 10 a. m., 2 p. m., 6 p. m., 10 p. m., or later.

Regularity.—It is very important to follow regular hours for nursing. If baby is fed every time he cries, his digestion soon will be upset. If he cries between feedings, give him plain cooled boiled water. Babies are as likely to cry from overfeeding as from hunger.

Length of time of a nursing.—The length of time of a nursing varies with the infant and with the breast. The average infant rarely nurses longer than 15 minutes. The important point is to satisfy the baby. If there is any doubt, let the baby nurse longer, but not more than 20 minutes. If it is not satisfied after 20 minutes, consult a physician.

Water for the baby.—The baby should be offered cooled, boiled water between feedings. Beginning with a teaspoonful during the first few days after birth, the quantity of water should be gradually increased until the baby is taking from 5 to 6 ounces of water daily.

Boil a pint of fresh water every morning, put it in a clean bottle, and keep in a cool place. Do not give the baby ice water.

Orange juice.—The baby should be given fresh orange juice each day, preferably just before his second nursing. Beginning with one teaspoonful when the baby is 1 month old, the amount should be gradually increased, until by the time he is a year old he is taking from 1 to 3 tablespoonfuls. Strained tomato juice may be given in like proportion when oranges are not available.

WEANING.

A baby should not be fed at the breast after the age of 1 year. At that age he needs a more solid food to make him grow strong.

A baby should be weaned gradually, and the milk at first should be only half the strength of the formula used for a normal child of the same age. Then the milk should be gradually increased in strength.

Weaning may usually begin at about the ninth month, by giving baby one feeding of cow's milk, using two parts milk to one part water. If he digests this well, the amount of water can be decreased gradually until at 10 or 11 months he may be taking whole milk. The number of milk feedings can be slowly increased as the breast feedings are decreased, until at 1 year of age the baby is weaned entirely. A baby weaned at 9 or 10 months may be taught to take milk from a cup.

At about the eighth month of age he may take cereal gruel.

At 9 months of age he may be given, in addition to the cereal, beef juice or beef tea, and a piece of zwieback or dry bread after each nursing.

At 10 months he may have crackers, toast, zwieback, broth made from chicken, beef, or mutton. A month later he may be given strained soup made from fresh vegetables.

A baby 1 year of age in July should not be weaned during the hot months if he is doing well.

It is dangerous to wean a young baby. It should not be done for the convenience of the mother, and should never be done without the advice of a physician.

Infants should be weaned when the mothers are suffering from a disease which they might transmit to the child, such as typhoid fever and tuberculosis; or if the mother is suffering from some disease which might be aggravated by nursing, such as Bright's disease, tuberculosis, and acute pneumonia. The infant should likewise be weaned if the mother becomes pregnant, or if she is suffering from inflammation of the breasts.

MIXED FEEDING.

When the mother's milk is diminishing, it is advisable to make up the lack with properly modified cow's milk. This may be done either by following one or more breast feedings with enough modified milk to satisfy the baby, or by giving one or more full bottle feedings in place of a like number of breast feedings.

The flow of breast milk tends to diminish when the baby nurses less than five times in 24 hours. When the baby is being nursed once every four hours and is not satisfied, it is better to give him, after nursing, enough modified milk to satisfy him, rather than to replace a nursing with the bottle. If, on the other hand, shorter intervals and more feedings are being used, a bottle feeding may take the place of a nursing without so much danger of decreasing the supply of breast milk. Most babies need additional food after the seventh month.

Bottle Feeding for Babies.

When the doctor decides that breast feeding can not be carried out, cow's milk is the most satisfactory substitute for mother's milk. The best milk (this does not mean the richest milk) is none too good. Get "certified" milk if possible. If you can not obtain certified milk, get the cleanest and purest bottled milk you can find, preferably pasteurized milk. Milk sold in bulk, or bottled from the can in stores or by milkmen in their wagons, is likely to be stale and contaminated and not a proper food for the baby, even though it looks and tastes good. "Baby foods" and condensed milks and the like are not satisfactory substitutes for good cow's milk, and are not good for prolonged feeding.

Equipment.—Select good quality of granite ware for the utensils for preparing baby's milk, and never use them for any other purpose. They must always be kept scrupulously clean and scalded each time before using.

The following are essential:

- 1 large pan with inverted pie pan in the bottom for pasteurizing.
- 1 two-quart granite saucepan, with handle, or pitcher.
- 1 table spoon.
- 1 pint measure.
- 7 bottles; corks and nipples for each bottle.
- 1 wire rack for holding bottles.
- 1 bottle brush.
- 1 fruit jar for lime water or barley water, as ordered by the physician.
- 1 jar for malt sugar, milk sugar, or cane sugar, as ordered by the physician.
- 1 box of baking soda or borax.

Bottles.—Select bottles with smooth, round sides and marked for the different quantities of food. There should be as many bottles as there are feedings in 24 hours. The bottle should be cleaned immediately after feeding by rinsing in clear water, then by soaking in suds, borax, or soap water. Bottles should be scrubbed with a clean brush in warm soapsuds and rinsed with boiling water. (Then they should be filled with boiled water until ready for use). The corks should be scalded each day and kept in a tightly covered receptacle.

Nipples.—Use only noncollapsible nipples that can be slipped over the neck of the bottle. After each feeding, cleanse the nipple inside and outside, scrubbing it with a brush in warm soapy water. Wrap the nipples in a clean cloth and boil them once a day. Drop them into a scalded jelly glass and put the lid on tight. Never touch with your fingers that part of the nipple which must go into the baby's mouth. The hole in the nipple should be only large enough to allow the drops to fall about $1\frac{1}{2}$ inches apart when the bottle is inverted.

HOW TO FEED BABY.

Babies that are artificially fed should be under the supervision of a physician, who should see them at regular intervals. Very young babies, or those that are not thriving, should always be seen once a week, and older, healthy babies should be seen at least once a month, whether they are sick or well. The following rules and suggestions apply to all bottle-fed babies:

Feed the baby by the clock.—When it is feeding time, shake the bottle gently to mix the contents and place it in a pan of hot water to warm it. Test the temperature by letting a few drops fall on the inside of the wrist.

Giving the bottle.—The bottle should always be held while the child is taking the food. The baby should be lying down while feeding.

Do not allow him to drink longer than 20 minutes. Do not urge him to take more than he wants. If he does not take the whole feeding, throw out that remaining in the bottle; do not save it for another time.

A child should not be played with after feeding. He should not be allowed to suck on an empty bottle nor allowed to sleep or play with the nipple in his mouth.

After feeding, the child should be placed upright and patted gently to allow him to bring up gas or air which he has swallowed. He should then be placed in the bed, but not rocked.

Patent foods.—There are many patent foods offered for sale, but as a rule they are expensive and have a tendency to make fat babies rather than strong babies. While they may be used for a short time, no baby should be fed on them exclusively.

Condensed milk.—Condensed milk is not the same as fresh milk, and its continued use for a baby is likely to cause indigestion and a disease known as rickets. It is lacking in some of the necessary food elements and is therefore undesirable as a permanent food for children. Condensed milk is not cheaper than fresh cow's milk, although it may appear to cost less.

Powdered milk.—When fresh cow's milk can not be obtained, or when it is necessary to travel with the baby, powdered milk (whole milk containing $3\frac{1}{2}$ per cent of butter fat) may be used as a substitute.

IMPORTANT ADVICE.

When the baby has diarrhea, either with or without vomiting, stop all food at once and send for a physician immediately. Meantime allow baby to have plenty of boiled water to drink. Save the soiled diapers for the physician to examine. (Always keep them covered.) Give no medicine without the doctor's advice.

If the baby refuses to drink unsweetened, cooled, boiled water, give it barley or oatmeal water.

Be sure to wash the hands thoroughly after changing a diaper and before preparing food. Boil all the soiled diapers for 15 minutes to kill the dangerous germs which might spread the diarrhea among the other members of the household.

If baby does not gain regularly in weight, or if he frets and cries a great deal, take him to the doctor and follow the doctor's advice.

MODIFICATION OF MILK.

The best-known substitute for mother's milk is properly modified cow's milk. Pure, fresh, cow's milk contains all the food elements necessary for the growth and development of the baby.

A young baby can not readily digest plain cow's milk, and so the milk must be modified according to the age and size of the baby and

its powers of digestion. "Modified milk" is milk to which water, sugar, or other substances have been added so as to make it suitable for a baby's stomach.

Cooled, boiled water, barley or lime water, are added to dilute cow's milk and make it more digestible. Sugar is added, not for the sweetening, but to supply the necessary food value and to make it more nearly like mother's milk.

The prescription which the physician writes for modifying milk is called the formula. As baby grows older he requires a greater quantity of food, so the formula must be changed, using more milk and less water. It is on the correctness of these formulas that baby's health and growth depend.

Materials.

Milk: Fresh whole cow's milk.

Sugar: Malt sugar (preferred), milk sugar, or cane sugar.

Water: Cooled, boiled water.

Ordinarily the milk may be *increased* by one-half ounce every eight days. The water may be *decreased* by one-half ounce every eight days. The sugar may be *increased* by one level teaspoonful every other day until 1 ounce is given in the 24-hour quantity. At the beginning of the second month the sugar is again increased by one level teaspoonful every other day until 1½ ounces are given.

Formulas.—General formulas must of necessity be written for the average baby and may not be entirely satisfactory for *your* baby. If your baby does not gain properly and remain well, take it to your doctor, who may make the necessary change. Take this paper along with you, so the doctor may know what and how you have been feeding.

A newborn baby needs very little food for the first day or two. The first feedings should be made of 1 ounce of milk to 2 or 3 ounces of water, and no sugar. No food or substance other than cool, boiled water should be given except by the direction of the physician.

Regular increase in weight, as determined by the weekly weighings, is the indication that baby's food is not only agreeing with him and satisfying his hunger, but that it is also meeting his growth requirements.

Feeding schedule and average weight of infants at different age periods.

Age.	Feeding intervals.	Amount at each feeding.	Number of feedings in 24 hours.	Weight.		Formula for modifying cow's milk.		
				Male.	Female.	Whole milk.	Hot water.	Sugar of milk or dextri-maltose.
	<i>Hours.</i>	<i>Ounces.</i>				<i>Ounces.</i>	<i>Ounces.</i>	<i>Table-spoonfuls.</i>
Up to 3 weeks...	2	2½	10	7 pounds to 7 pounds 14 ounces.	7 pounds to 7 pounds 14 ounces.	13	12	1
3 to 6 weeks....	3	3	8	7 pounds 14 ounces to 9 pounds.	7 pounds 14 ounces to 8 pounds 12 ounces.	14	10	1½
6 to 8 weeks....	3	4	8	9 pounds to 10 pounds.	8 pounds 12 ounces to 10 pounds.	17	15	2
2 to 4 months..	3	5	7	10 pounds to 12 pounds.	10 pounds to 11 pounds 12 ounces.	19	15	2
4 to 6 months..	3½	6	6	12 pounds to 18 pounds.	11 pounds 12 ounces to 16 pounds 12 ounces.	22	14	2
6 to 9 months..	4	8	5	18 pounds to 20 pounds 6 ounces.	16 pounds 12 ounces to 19 pounds 4 ounces.	26	14	2
9 to 12 months..	4	8	5	20 pounds 6 ounces to 21 pounds 14 ounces.	19 pounds 4 ounces to 20 pounds 10 ounces.	35	5	1½

PREPARATION.

Sample formula for a 6-months-old baby:

Milk—26 ounces.

Water—14 ounces.

Malt sugar (dextri-maltose)—2 level tablespoonfuls.

Five feedings during the day, at four-hour intervals. Pasteurize in bottles.

Wash hands clean with soap, water, and brush.

Scald utensils and place them conveniently on the table.

Wipe the top of the milk bottle with damp cloth to remove particles of dust.

Invert bottles several times to mix cream.

Use nursing bottle or graduated measure to measure quantities; mix the materials thoroughly in a pitcher or pan.

Pour 7 ounces of the mixture into each of five bottles and lightly close the bottles with a plug of absorbent cotton.

Place bottles on inverted pan in kettle of water and pasteurize.

Cool bottles rapidly and put on ice.

MILK SHOULD BE PASTEURIZED.

Raw milk may carry the germs of tuberculosis, scarlet fever, tonsillitis, diphtheria, typhoid fever, and other communicable diseases. Unless certified milk is used, this danger should be prevented by buying pasteurized milk or by pasteurizing or scalding the milk at home.

Pasteurization means heating the milk to about 150° F. for 30 minutes and then rapidly cooling it. Milk for the baby should always be pasteurized in the feeding bottle. It may be done as follows: The milk should be mixed and poured into the clean feeding bottles, which should then be stopped with clean, nonabsorbent cotton. It is then ready for pasteurization. While a number of satisfactory pasteurizers may be bought in the shops, a homemade pasteurizer can be easily constructed.

Take a wire basket that will hold the six or seven bottles used in 24 hours' feeding, and place this basket containing the bottles in a tin bucket of cold water filled to a point a little above the level of the milk. Heat the water and allow it to boil for five minutes. Then set it to one side for 10 minutes more, after which, run cold water into the bucket until the milk is cooled to the temperature of the running water. The milk is then put into the ice chest, which should not be warmer than 50° F.

If the baby's milk is to be mixed with other ingredients, such as oatmeal, barley water, rice water, sugar, etc., these should be added to the milk before pasteurization. When the milk is once prepared, the bottle should not be opened until it is given to the baby.

MILK SHOULD BE KEPT COLD.

After the baby's milk has been prepared, it is very important that it should be kept cold until it is used.

A simple ice box can be made as follows:

Get a wooden box at a grocery store, such as a soap box, 15 inches in depth. Buy a covered earthenware crock, tall enough to hold a quart bottle of milk. Also get a piece of oilcloth or linoleum about 1 foot wide and 3 feet long. Sew the ends together to make a cylinder which will fit loosely around the crock. Place the crock inside the oilcloth cylinder, and stand them in the center of the box. Now pack sawdust or excelsior beneath and all about them to keep the heat from getting in. Complete the refrigerator by nailing a Sunday paper or two other newspapers to the wooden cover of the box.

How to use the refrigerator.—In the morning as soon as you receive the milk place it in the crock; crack 5 cents' worth of ice and place it about the milk bottle. Place the cover on the crock and the lid on the wooden box. No matter how hot the day has been, you will find some unmelted ice in the crock the next morning. Remove the crock every morning to pour off the melted ice.

BOILED MILK.

A simple method of making milk safe is to boil it. Put the milk into a pan and heat it until small bubbles begin to appear on the surface. Remove from the fire and cool quickly.

When a baby finds fresh cow's milk indigestible, the digestibility of the milk may be sometimes improved by boiling the milk for three minutes; then remove from the fire and cool quickly.

A baby taking boiled milk should always be given orange or strained tomato juice, according to his age and digestion.

DRINKING WATER.

Boil a pint of water every morning and put in a clean bottle. Keep in a cool place. Offer the baby plenty of water between feedings, beginning with $\frac{1}{2}$ ounce twice a day during the first few days after birth. The quantity should be gradually increased until the infant is taking from 5 to 6 ounces of water daily.

It must be remembered that the infant can not ask for water and that he is likely to become thirsty more often during the summer months than in winter.

BARLEY WATER.

After baby is six months old, barley water may be used to dilute milk instead of plain water. Add one-half level tablespoonful of barley flour to 1 pint of water and cook for 20 minutes. As it boils, keep adding enough water to make 1 pint; strain and cool. At 6 months $1\frac{1}{2}$ even tablespoonfuls of barley may be used, cooked in 8 ounces of water.

ORANGE JUICE.

Not later than one month after being put on the bottle, or at any time from three months of age up, the infant should be given orange juice, beginning with one tablespoonful mixed with equal quantity of cooled boiled water and gradually increasing the quantity to two to three tablespoonfuls. The best time to give orange juice is just before the bath in the morning. Strained tomato juice may be given in like proportion when oranges are not available. The use of these juices will prevent scurvy.

OTHER FOODS.

At six months the baby is beginning to be able to digest starch; therefore at this time small amounts of barley or oatmeal water may be given with the milk.

When the teeth begin to appear, a cracker or a piece of zwieback may be allowed. In addition to this a little cereal jelly without sugar may be given once a day, preferably in the morning.

At nine months a baby may be given a half cup of plain bouillon or beef or chicken broth, or vegetable soup once daily. He should have a small piece of crisp toast, zwieback, or crust of bread on which to chew immediately after each feeding.

Feeding the Baby After the First Year.

The change from bottle or breast to table food must be made intelligently if the baby is to continue to grow properly. The same care must be exercised with regard to the regularity of meals and the character and the amount of food as with younger babies. The tendency is to overfeed babies of this age, especially by giving too much fat. A baby should not be given cream, and it may be necessary to remove a part of the cream when the milk is very rich. Too much fat in the food causes the formation of gas in the bowels, white stools, loss of appetite, and pallor.

To try to feed a young baby at the family table while attempting to partake of a meal is not conducive to a mother's or father's digestion. It is also unfair to a young child to expect him to sit quietly through the time his elders take for their meal and not want the food he sees them eating.

A simple, safe, and satisfactory method of feeding a young child, and a practical substitute for the always dangerous high chair, is the separate small table and chair. Where the houseroom space is limited, this small table may be fastened on hinges to the wall so that it may be dropped out of the way when not in use.

While the mother is preparing the family meal, the baby may be served just what he ought to have at his own table. In this way, he does not see other foods and will not ask for them. When baby has finished his own meal, he will be content to play or sleep while the family enjoy theirs unhampered by his presence.

The small table is an excellent means of training in table manners. When the child has learned proper control of himself at the age of four or five years, the family will then enjoy his presence at their table.

DIET 12 TO 18 MONTHS.

Four meals a day. Milk, fresh buttermilk, from the cup. No bottle, ordinarily, after the twelfth month. Water frequently between meals. All food for the baby must be thoroughly cooked. Unless baby's milk is certified or pasteurized, it should be boiled for 3 minutes, from April to October.

First meal: 6 a. m.

- (1) Milk, 8 to 10 ounces, and thick barley water or oatmeal jelly, 2 ounces; and
- (2) The juice of one-half, and later of one whole, orange may be given at 9 a. m

Second meal: 10 a. m.

- (1) Milk, with stale bread or zwieback.
- (2) Well-cooked cereal—oatmeal, pettyjohn, wheatena, with milk.

Third meal: 2 p. m.

- (1) Chicken, beef, or mutton broth, with boiled rice or stale bread; or
- (2) Milk with zwieback or stale bread; and
- (3) Vegetables (thoroughly cooked and mashed through a sieve)—peas, carrots, spinach, asparagus, or mashed baked potato.

Fourth meal: 6 p. m.

- (1) Milk, with stale bread or zwieback.
- (2) Well-cooked cereal with milk; and
- (3) Stewed fruit, thoroughly cooked and mashed through a sieve; or
- (4) Prune juice.

DIET 18 TO 24 MONTHS.

Three meals a day. Give at least four glasses of milk a day. No food between meals. Water frequently between meals. Fresh buttermilk is good for the baby. All food must be thoroughly cooked.

Breakfast: 7.30 a. m.

- (1) Juice of whole, sweet orange, or pulp of four or five stewed prunes; and
- (2) Cereal cooked at least three hours, with milk (if sweetened, use only one-half teaspoonful of sugar).

Morning lunch: 10.30 a. m.

- (1) Glass of milk, with dry bread or zwieback with butter; or
- (2) One or two graham crackers.

Dinner: 1 p. m.

- (1) Cup of broth or soup made of beef, vegetables, or chicken or mutton, and thickened with farina, peas, or rice; or
- (2) Beef juice, 2 ounces, or dish gravy on dry bread; or
- (3) Soft-boiled or poached egg (occasionally); and
- (4) Vegetables (same as from 12 to 18 months)—beets, rutabaga turnips, and plain stewed tomatoes may be added; and
- (5) Glass of milk and dry bread or toast, with butter; and
- (6) Dessert—Apple sauce, baked apple, blancmange, cornstarch custard, junket, stewed prunes, or plain rice pudding.

Supper: 5.30 p. m.

- (1) Well-cooked cereal, with milk; and
- (2) Glass of milk, with toast or zwieback and a little butter; or
- (3) Dry bread and milk; and
- (4) Stewed fruit, mashed through a sieve.

DIET 2 TO 3 YEARS.

Three meals a day. No food between meals.

Breakfast: 7.30 a. m.

- (1) Juice of one sweet orange or pulp of six stewed prunes, or stewed or baked apple, and
- (2) Well-cooked cereal with milk (a little sugar may be added), or
- (3) Soft-boiled or poached egg with stale bread or toast (once or twice a week), and
- (4) Glass of milk.

Dinner: 12 to 1 p. m.

- (1) Broth or soup made of vegetables, chicken, beef, or mutton, and thickened with peas or rice, and
- (2) White meat of chicken, lamb chop, rare roast beef or steak, or boiled fish, and
- (3) Vegetables, thoroughly cooked and mashed through a sieve.
- (4) Glass of milk with bread and butter, and
- (5) Dessert—simple desserts, same as those for children 18 to 24 months of age.

Extra meal: 11 a. m., or 4 p. m.

Glass of milk or unsweetened cracker.

Supper: 5.30 p. m.

- (1) Milk with stale bread or toast and butter, or
- (2) Cereal with milk and glass of milk.
- (3) Stewed fruit.

DIET 3 TO 6 YEARS.

Three meals a day at 7, 12.30, and 5.30. No food between meals. Water frequently. Milk: Should be the main article of diet.

Cereal: Must be cooked three or more hours. Oatmeal should be given several times a week.

Bread: Dry, zwieback and toast.

Soups: Beef broth with vermicelli, beef tea, chicken broth with rice, milk soups, and vegetable soups.

Meat: Beef, generally, should be rare and should be given not more than once a day. Roast beef, lamb chops, broiled tenderloin minced. White meat of chicken, well cooked and minced. Broiled or boiled fresh fish. Crisp bacon. Eggs soft-boiled or poached.

Vegetables: All vegetables should be thoroughly cooked and mashed. Asparagus tips, string beans, carrots, tomatoes, stewed celery, steamed rice, puree of Bermuda onions stewed soft with milk, peas, baked or mashed potatoes, and spinach. Macaroni or spaghetti in milk may be added.

Desserts: Sauce or baked apple, cup custard, junket, orange juice, stewed prunes, rice pudding, tapioca, jelly or sirup on bread. Young children are better off without candy, but one piece of strictly pure candy may be given a child of 3 after a meal. Ripe bananas, if baked, may be given occasionally.

FORBIDDEN FOODS.

Meats: All fried meats, corned beef, dried beef, brains, kidney, liver, sweetbreads, duck, game, goose, ham, pork, sausage, meat stews, and dressings from roasted meats.

Vegetables: Fried vegetables of all varieties. Cabbage, green corn, cucumbers, pickles, all raw articles such as raw celery, raw onions, and olives.

Bread and Cake: Griddle cakes, hot bread, rolls, sweet cakes, also bread or cake with dried fruits or sweet frosting.

Desserts: Store candy, nuts, pastry, pie, preserves, salads, tarts.

Cereals: The ready-to-serve or dry cereals should not be given to any child under 5.

THE FEEDING OF OLDER CHILDREN.

In considering the diet of older children, it must be remembered that food not only supplies the materials essential for growth and the replacing of tissues used up by bodily activities, but it is also the source of body heat and energy. To supply these necessities, the diet should contain fat, carbohydrates, protein, salts, water, and certain food substances known as "vitamines."

The fats are necessary for nutrition and are most readily converted into heat and energy. In addition to cow's milk and cream and butter, the following food substances are rich in fat: Cottonseed oil, peanut butter, oleomargarine, olive oil, and bacon.

The carbohydrates comprise a large proportion of the heat and energy producing substances in the diet. These are derived from food substances containing sugar and starches, such as the cereals, various forms of breakfast food, potatoes, rice, macaroni, spaghetti, and bread.

The protein substances are necessary for building new tissues and are of both animal and vegetable origin. The foodstuffs rich in protein are lean meat, eggs, chicken, fish, and milk and cheese, and, among vegetables, beans and peas.

The salts are necessary for the growing skeleton. These are supplied by milk and are present in meat and eggs, and especially in green vegetables and fruits.

Vitamines.—It is now known that a diet composed only of meat, potatoes, bread, and cereals does not promote the best growth and development of children. Such a diet should be supplemented by an abundance of milk, butter, and the green leafy vegetables, such as spinach, kale, lettuce, Swiss chard, onions, cress, and beet and turnip tops. These articles of food are rich in the growth-stimulating "vitamines." Growing children should partake of them freely.

The diet of the child must be arranged with regard to his age and his ability to digest certain articles of food.

The following foods have been recommended for a child from 2 to 4 years of age.

Milk.

This is the principal article of diet.

Fruits.

Baked apples.
Stewed prunes.
Apple sauce.
Stewed peaches.

Oranges.
Baked pears.
Stewed pears.

Cereals.

Oatmeal.
Cracked wheat.
Samp.

Farina.
Hominy and other cooked breakfast cereals.

White vegetables.

Potato (baked).
Rice.

Macaroni.
Spaghetti.

Green vegetables.

String beans.
Asparagus.
Lettuce.
Celery (stewed).
Carrots.

Spinach.
Beet greens.
Green peas.
Beets.
Swiss chard.

Bread.

Stale bread (white, whole wheat, graham, oatmeal, rye, or corn) with butter, crackers.

Desserts.

Junket.	Simple jelly.
Custard.	Sago.
Tapioca cream.	Cornstarch pudding.
Apple tapioca.	Rice pudding (without raisins).
Prune whip.	Bread pudding (without raisins).
Cooked fruit.	Ice cream.

Protein foods.

Eggs (soft-boiled or coddled).	Mutton.
Fresh fish (boiled).	Steak.
Roast chicken.	Lamb (roast or chop).
Boiled chicken.	Roast beef.

Soups.

Beef.	Vegetable.
Creamed vegetable.	Chicken.
Mutton.	

Fats.

Butter.	Peanut butter.
Oleomargarine. ²	Olive oil.

For older children up to 12 years of age the following articles of diet have been recommended:

Milk.	Shredded wheat biscuit.
Mutton, chicken, beef broth.	Baked, mashed, boiled potato.
Bouillon.	Stewed potato.
Milk soups.	Plain macaroni and spaghetti.
Soft-boiled eggs.	Bacon.
Dropped eggs.	Raw and steamed oysters.
Scrambled eggs.	Butter.
Broiled chicken.	Common cheese.
Minced meat.	Shell, Lima, and string beans.
Turkey.	Asparagus, spinach, beet greens.
Sweetbreads.	Peas.
Boiled and broiled fish.	Plain omelet.
White bread.	Lamb and mutton chops.
French bread.	Beefsteak.
Whole wheat and Graham bread.	Roast lamb and mutton.
Corn cake.	Boiled mutton.
Plain crackers.	Roast beef.
Milk toast.	Roast chicken.
Oatmeal, farina, rice, hominy, and all the other cooked breakfast cereals.	Summer squash.
Cracked wheat.	Winter squash and pumpkin.
	Celery, tomatoes, beets.

² Because of its content of growth-promoting vitamins, butter is to be preferred to oleomargarine as a food for growing children.

Carrots, lettuce, onions, and green corn.
 Parsnips.
 Cocoa.
 Bread pudding.
 Rice pudding.
 Tapioca.
 Sago.
 Blancmange.
 Ice cream.
 Baked apples.
 Stewed prunes.
 Stewed figs.
 Raw apples.

Figs.
 Apple sauce.
 Pears and peaches.
 Grapes and oranges.
 Grape fruit.
 Bananas.
 Strawberries.
 Raspberries.
 Blueberries.
 Blackberries.
 Junket.
 Baked custard.
 Cornstarch pudding.

The Baby's Sleep, Rest, and Play.

BABY'S ROOM.

If the house is small, it is better to do without a parlor, which is not often used, and give one room to the little folks who will use it every day.

Sunshine is as necessary for babies as for plants. A baby not given sunshine will droop and pine just as the plant does. Therefore, choose a sunny room for the baby's room and one which has windows and doors on opposite sides so that a continual abundant supply of fresh air may be obtained.

The baby's room should be kept comfortably warm in winter. Furnace heat is better than stoves. Oil and gas stoves exhaust the air in a short time. An open grate is a great convenience both for the additional heat and because it helps to keep the air of the room in circulation. The floor should be bare, so that it can be kept clean by wiping it with a damp cloth or dust mop. A few washable rugs may be added. Plain white sash curtains should be provided at the windows, as they can be laundered frequently.

Fresh air.—Fresh air is essential for the healthy baby. To obtain the best air without drafts, put baby's bed in the middle of the room. The windows may be opened from the top. They should be screened against flies and disease-carrying insects. Windows facing the hot sun should be provided with awnings. In the wintertime, a plentiful supply of fresh air without drafts may be obtained by tacking thin muslin or cheesecloth over the open windows or on the window screen. This also keeps out particles of coal, soot, dirt, and snow.

All the furnishings for the baby's room should be of the simplest kind, and such can be wiped readily with a damp cloth or laundered and so kept free from dust. The equipment may include a screen to protect baby from drafts, a low chair without arms for the mother, baby scales, bathtub, basket for toilet articles, and plain table. A chest of drawers or bureau is a welcome convenience.

Bed.—Baby's first bed may be made in an ordinary clothes basket, lined with a sheet. This can be picked up and carried about easily, which is an advantage. It should be placed on a chair or a box, never on the floor.

A feather pillow is not suitable for a mattress or for the baby's head. Use an old, soft comforter or ordinary mattress of hair, felt, or cotton, protected by rubber sheeting, light oilcloth, or paper blanket. Since rubber or oilcloth is hard and uncomfortable, a soft washable pad should be used directly underneath the sheet. Table felting makes an excellent pad for this purpose.

The young baby will breathe more easily and take a larger supply of air into his lungs if no pillow is used. A clean, soft folded napkin may be placed under his head. Toward the end of the second year a thin hair pillow may be used.

SLEEP.

The child's body develops faster during the first year of his life than at any other period. For that reason a baby needs a large allowance of sleep, with the best sleeping accommodations, so that the hours of sleep may be of the greatest value to him.

Baby should sleep alone. Babies may be smothered to death while in bed with an older person, some part of whose body may be thrown over baby's face while asleep.

Medical authorities agree that babies need the following amount of sleep:

Age.	Hours of sleep.
Up to one month.....	18 to 20
One month to one year.....	16
One to two years.....	12

A baby should have the longest period of unbroken sleep at night and should not be permitted to turn night into day. Babies grow mainly while sleeping, and a fretful baby is often a tired baby that has not had sufficient sleep.

The baby should be nursed at 6 p. m. and put to bed for the night in a quiet room. He is nursed again when the mother retires, between 10 and 12 p. m., and, when properly trained, will sleep until time for his first morning nursing at 6 a. m. Babies are easily trained to sleep the night through, thus allowing the mother to have an undisturbed night's rest so essential for her well-being, and that of the baby.

Daytime sleep.—The daytime naps should be continued through the sixth year. The baby should never take a nap in all his clothes. The shoes of older children, especially, should be removed. In hot weather, remove all but the shirt and diaper from the baby.

The sleeping room should be darkened and well ventilated. The baby should be fed and made comfortable in every way, put in his

crib, and let alone to go to sleep. He should never be rocked to sleep nor jolted nor jounced.

Sleeping out of doors.—Out-of-door sleeping in summer, both by day and by night, is good for the baby after he is a month old. He must be protected from flies and mosquitoes, shielded from the wind and sun, and covered, if there is a sudden drop in temperature. The sleeping porch must be protected properly by canvas curtains, and in cold weather a hot-water bottle should be placed in baby's bed.

The baby must have an abundant supply of fresh air day and night. He should be kept out of doors as much as possible, avoiding the hot sun and also days when the thermometer drops below 22° F., because of the danger of the face being frostbitten. In the summer time a newborn baby may be taken out of doors the first week. Begin with a daily outing of 15 minutes about noon and gradually lengthen the time in the forenoon and afternoon until the baby is out from 10 o'clock until 2 o'clock. He must be clothed properly according to the weather, and his eyes must be protected from the sun. The baby carriage must be one in which the child can lie comfortably at full length and stretch his arms and legs. When sitting up, his little spine and feet must be supported properly.

REST AND PLAY.

Rest.—A young baby needs rest and quiet. However strong he may be, too much playing is bad, and it is likely to result in a restless night.

Rocking the baby, jumping him up and down on the knees, tossing him in constant motion, is very bad for him. These things disturb the baby's nerves and make him more and more dependent upon these attentions. When the young baby is awake he should be taken up frequently and held quietly in the arms in various positions, so that no one set of muscles may become tired. An older child should be taught to sit on the floor or in his pen or crib and amuse himself during a part of his waking hours. Baby must never be lifted by the arms.

Toys.—Since a baby wants to put everything in his mouth, his toys must be those that can be used safely in this way. They should be washable and should have no sharp points or corners to hurt the eyes. Painted articles, or hairy and woolly toys, also toys having loose parts, such as balls or objects small enough to be swallowed, are unsafe and should never be given a small child.

A baby should never have too many toys at one time. A handful of clothespins, or a silver teaspoon or tincup will please just as much as an expensive doll or other toy. It is a good plan to have a box or basket in which to keep empty spools and other household objects with which the baby may play.

The Baby's Clothing.

In dressing the baby, he should be handled as little as possible. A little baby's body is very tender, and if handled roughly or too much he will be made very uncomfortable. All the clothing should be drawn on and off over the feet instead of over the head.

When he is dressed completely, baby has on a band, shirt, diaper, skirt, dress, and booties. None of this clothing should be heavy or stiff. It is better to dress a baby lightly and slip on a little short jacket for cool mornings and evenings. When baby is a few months old, it is a good plan on a hot summer day to take off all his clothing for a few minutes in the middle of the day and allow him to roll and play on a bed.

Elaborate or fancy trimmed garments have no place in a little baby's wardrobe. Both mother and baby are better off without them, especially if the mother must care for the garments herself. Starched garments, and lace about the neck of a little baby's dress, are liable to irritate the tender skin and cause the child's a great deal of discomfort. Sometimes these irritations are difficult to heal.

For the first few weeks of life the new baby does little but eat, sleep, and grow. He needs many clean clothes, and these should be of the simplest and most comfortable kind.

The following are all that are necessary:

Bands.—Three flannel abdominal bands made of soft, white, unhemmed flannel, 5 or 6 inches wide and from 14 to 18 inches long. They should be wide enough to protect the abdomen and not wide enough to wrinkle. They should go once and a half around the baby's abdomen, lap across the front, and pin at the side. After the cord is healed, these may be replaced by three knitted abdominal bands with shoulder straps and a tab to pin to the diaper. The lower part of these should be made of wool and the upper part of cotton. This kind of band will not slip around the baby's chest and make him uncomfortable. The band may be discarded altogether in hot weather.

Shirts.—Three shirts, wool and cotton, or wool and silk, never all wool. For the very hottest weather, an all cotton or silk shirt may be worn. The shirts should be fitted smoothly. They may either lap or button in front.

Stockings.—Three pairs of booties; three pairs of merino or cashmere stockings if the weather is cold.

Blankets.—Three blankets of closely knitted or crocheted wool, or made from an old, soft, woolen blanket.

Diapers.—Four dozen diapers, two dozen 24-inch, two dozen 30-inch, are convenient. For the first few weeks, provided it is not hot weather, diapers 18 inches square, of old, soft, knitted wear, are very

convenient. Several dozen pieces of old sheeting torn into pieces 10 inches square may be put inside.

When diapers are removed, they should be put into a covered pail of cold water to which borax has been added. Later they should be washed clean with a pure soap, boiled, rinsed thoroughly, but not blued, and hung in the sun to dry. Soap and bluing are very irritating to a baby's skin. They should be folded, pressed with a hot iron, and put away. A soiled or wet diaper should *never be used a second time without being washed.* The urine contains substances which are very irritating to the skin of a baby.

Slips.—For every-day wear there should be six plain white slips. These should be cut by the kimono-sleeve pattern and a tape run through a facing around the neck and sleeves. If they are made 21 inches long from shoulder to hem, they will not need shortening. They should never be made longer than 27 inches. Two Sunday slips may be made with bishop sleeves and a little embroidery on the front. Set-in sleeves are more difficult to put on a little baby. For wear under the slips, baby needs also four flannel skirts, princess style. For hot weather these may be made of the very lightest weight flannel or part flannel and cotton.

Jackets.—For cool mornings, baby needs three short jackets. These are made of white flannel over the kimono-sleeve pattern, or they may be knitted or crocheted with close stitches. There should be no loose stitches or scallops or other trimming to catch on buttons or the baby's fingers.

Out-of-door garments.—The healthy baby is taken out of doors, so he must have a wrap and hood. This wrap is made like the sleeping bag except it is of white eiderdown or flannel. It may be sewed together or bound around with ribbon. At four months the upper corners may be opened so as to allow the baby to get its hands out freely. When baby begins to walk a very comfortable coat may be made from the bag. Open it and hem it at the bottom, shape the top loosely by a kimono-slip pattern.

For winter the hood may be made of the same material as the wrap, or it may be knitted or crocheted. For summer a silk or cotton knitted or crocheted hood of an open-lace pattern and lined with the very thinnest white silk is comfortable. Wash hoods may be made of soft white embroidered lawn and laundered without starch. The ties on the hood should be such as can be laundered easily. A little chin strap fastened at one side of the hood with a snap or hook and eye is very convenient and does away with the bow under the baby's chin.

Sleeping garments.—Baby needs four "nighties" or sleeping bags of white outing flannel or knitted material. For winter wear the sleeves of the nightie may be made 2 inches longer and the bottom 8

inches longer. Draw tapes may be run through the sleeves, and the hem and baby's hands and feet thus protected from the cold.

Sleeping bags are made 33 inches long and 27 inches wide, open down the front. The baby is laid in and the bag buttoned up. He can be changed without taking him out of the bag.

Woolen garments.—All woolen or part-woolen garments must be washed very carefully. They should be washed by hand in tepid soapsuds (mild soap), rinsed in a little soapy water, and hung in the shade to dry. When dry, they should be pulled or patted into shape or smoothed with a warm iron before being put away. Always before putting garments on a baby they should be held to the cheek to be sure they are dry and warm.

Teething.

When the baby comes into the world it is apparently toothless. Nevertheless, at this time the first teeth are practically completely formed, lying beneath the gums. In fact, under these first teeth there are already the beginnings of the permanent teeth. It needs no lengthy explanations to prove that these teeth can not develop as they should if the body is not supplied with a sufficient amount of the necessary building material. Hence, in the food for the child we should look especially to that part which builds bony structure, of which the tooth is a type. The two most important of these are phosphates and lime; and for the growing child there is no better source of these important elements than milk—mother's milk in infancy and clean cow's milk later. After infancy the diet of every child should include a glass of milk with each meal; and in addition to this there should be other sources of mineral salts, such as fruits, green vegetables, and pure water.

TEETHING A NORMAL FUNCTION

Teething in a healthy child is itself a normal function. It is only when associated with outside disturbances, especially with those due to indigestion or other abnormal conditions, that it may become a source of serious trouble, or when the teeth grow faster than the overlying tissues are absorbed to make room for them. There may then ensue sometimes very serious disturbances from the pressure of the tense and swollen gum on the coming crown underneath, which may, in some cases, be at once relieved by lancing the gum. If baby is sick, or has fever or loose bowels, do not attribute it to teething, but go to a doctor and find out what is the matter.

ORDER IN WHICH THE TEETH APPEAR.

Some time about the end of the sixth month, if the baby has been thriving normally, the first teeth, usually the lower front ones, that

were lodged in baby's little jaws when it was born, will appear; and these will be followed at more or less regular intervals by the upper "incisors," then the "back teeth," and lastly, usually by the "cuspid," or, as they are popularly called, the "stomach" and the "eye" teeth.

The following gives approximately the time when these teeth usually break through the gums:

Two lower front teeth, at 5 to 7 months.

Two upper front teeth, at 6 to 8 months.

Two more lower front teeth, at 7 to 9 months.

Two more upper front teeth, at 8 to 10 months.

Four back (molar) teeth, one on each side of each jaw, at 10 to 14 months.

Four more molar teeth, back of the others, at about 2 years.

Four cuspids ("eye" and "stomach" teeth) at 2 to 2½ years.

Every tooth, as it comes into place, is a milestone that marks another step in the child's development. It will not be until the cutting of all of its first full set of teeth has been completed that the mother may feel at liberty to give the child hard, solid food.

There are 20 of these first or milk teeth, 10 in each jaw. As a help in remembering the baby teeth, recall that there are as many teeth in the upper jaw as there are fingers on two hands; and that a baby has as many teeth on the lower jaw as he has toes.

The time of cutting teeth varies so in different children that it is difficult to lay down rules for their appearance. However, a child 1 year of age has, as a rule, 8 teeth; at 16 months there should be 12 teeth, and at 2½ years the child should have the full 20. If the child has less than this number, there may be something lacking in the diet.

PROPER FOOD FOR SOUND TEETH.

Because of the effect of usage on the development of the teeth, it is clear that food should be presented in such form that it will require chewing. For this reason the diet should include a certain amount of coarse material for the purpose, especially, of exercising the teeth. Coarse whole-grained breads, hard-tack, baked potatoes eaten with their jackets on, fresh apples, and similar articles included in the diet will do much to insure good teeth.

Teething rings.—About the ninth month the baby should have a dry crust of bread after each feeding, on which he can chew and develop his jaw. Do not give him a rubber ring or a patent article on which to bite and cut his teeth, for they are seldom clean. A clean, smooth, silver teaspoon makes a good toy and at the same time is safe for him to bite. Keep the fingers and any unclean article out of baby's mouth.

Toothbrush.—The health of the second teeth depends much upon the care given the first set. As soon as they make their appearance, baby's teeth should be cleaned each day with a soft cloth or brush. When he is old enough, the child should be taught the daily use of the toothbrush. (If he is given a good tasting dentifrice or tooth paste he will enjoy keeping his teeth clean.)

DENTAL ATTENTION.

The first teeth are necessary to hold the proper shape of the jaw until the second teeth are ready to break through. For that reason they should not be neglected. At the first sign of decaying teeth the child should be taken to a dentist.

The first set of teeth is replaced by the permanent teeth, beginning with the sixth year. The 6-year molar may be recognized as the sixth tooth, counting from the midline of the jaw in front toward the back. Because this tooth comes through at the time the child is losing its temporary teeth it is often mistaken for one of them and is allowed to remain untreated and to decay. It is especially desirable that a child should be taken to a dentist at this time, because the 6-year molar is one of the most important of all the teeth.

It sometimes happens that the first teeth are so firm that they do not fall out, but remain in the jaws and crowd back the second teeth, making them come in misshapen and irregular. Irregular teeth and resulting condition of the jaw may be remedied when a child is young.

Beautiful teeth are the right of every person. Sound teeth are necessary to good health.

Keeping the Baby Well.

To keep a baby well is much easier than to cure him when he becomes sick.

In a room crowded with strange people there always is likely to be some one who is suffering from a "catching" disease or who may have come from a home where such a disease is present. For that reason a little baby should be kept away from crowds and from crowded places in order to protect him from exposure to disease.

Most healthy grown persons carry disease germs in their mouths. They do an adult no harm. But in kissing a baby on the mouth these germs may be transferred to the baby's tender mouth and make him ill or even kill him. Kissing the baby on the mouth, even by his own mother, should not be permitted.

A *little cold* in a big person is likely to mean a *big cold* in a little baby. Anyone suffering from a cold, cough, or sore throat should remain away from a young child. If the nursing mother catches a cold, she should spray her nose and throat with an antiseptic solution and take every precaution against infecting her little one.

Whooping cough is another very dangerous disease for young children. Each year 10,000 or more young children die of this disease, the greater number of them being babies under 3 years of age. If the whooping cough does not kill, the long period of coughing, lasting sometimes for months, makes the child so weak and ill that he takes other diseases more readily.

Tuberculosis.—All children are extremely susceptible to tuberculosis. To children under 3 years of age it is especially fatal. Few infants survive when suckled by tuberculous mothers. Breathing or coughing in the baby's face, kissing the baby, and the use of the same eating utensils are some of the commoner methods of infection. Children born of tuberculous parents should be carefully guarded against infection, and if possible should be removed from such opportunity of contact.

Other dangerous diseases for young children are measles, diphtheria, and scarlet fever. Often they leave children suffering from sore eyes, running ears, or other permanent injuries; *and always the younger the child, the greater the chances he will die.*

To keep a baby well, give him regular, systematic care; keep him away from crowds and away from sick people and every possible exposure to sickness or disease.

SYMPTOMS OF SICKNESS.

The baby is sick if he has—

- (1) No appetite.
- (2) Vomiting.
- (3) Diarrhea; or if the movements are slimy, frothy, bloody, or contain particles of undigested food.
- (4) Constipation; less than one good movement a day and (1), (2), or (5).
- (5) Fever.
- (6) Rash.
- (7) Signs of a cold, sore throat, cough, or discharges from the eyes and nose.
- (8) Sweating of the head, especially if accompanied by restlessness and crying at night.
- (9) Loss of weight or failure to gain properly.

WHAT TO DO FOR ANY SICK BABY.

- (1) Give him an abundance of fresh air.
- (2) Undress him and put him quietly to bed.
- (3) Sponge with tepid water if he is feverish.
- (4) Give little or no food, but plenty of pure, cool water.
- (5) Send for the doctor. *If the baby is sick enough to need medicine, he is sick enough to have a doctor give it.*

FIRST AID AND HOME REMEDIES.

First-aid cabinet.—A properly equipped first-aid cabinet is a necessity in every home, and imperative where there are small children. First-aid remedies should be placed in a small cabinet out of reach of children's fingers. Supplies should be replaced as often as necessary.

The following list will contain everything that is needed for ordinary emergencies:

Two-ounce bottle each of glycerine and tincture green soap.

One-ounce bottle each of tincture of iodine, peppermint, glycerine with phenol (5 per cent), and soda-mint tablets.

One tube each of zinc ointment and vaseline.

One-half pint each of olive oil, milk of magnesia, and mineral oil.

One medicine dropper.

One clinical thermometer.

One nasal and throat spray.

One hot-water bag.

One fountain syringe with rectal tip.

One bulb syringe.

One small-size roll surgeons' adhesive plaster.

One small-size package sterilized gauze.

One small-size package sterilized absorbent cotton.

One-half dozen assorted sizes sterilized bandages.

One card of safety pins.

One package of needles.

One package of toothpicks.

One nail or hand brush.

One small pair of scissors.

In addition to the above supplies, the first-aid cabinet should contain a first-aid manual (see Red Cross textbook or any standard manual). Every woman, especially one having the care of small children, should learn the use of the clinical thermometer and bedpan, to give an enema, to massage, to bathe and dress a patient in bed, to bandage, and to give first aid in emergencies.

Sick room.—If it is possible to provide it, every home should contain one sunny bedroom with plain or washable walls and furniture, without carpets or draperies, that can be used as an isolation sick room in case of illness or emergency.

In giving the following list of home remedies and first-aid treatments it must be distinctly understood that the measures are to be undertaken only in an emergency pending the arrival of the doctor.

Whenever baby is ill be sure to call promptly on the doctor for advice. Neglect of proper medical care is dangerous and is responsible for the death of many babies.

Burns or scalds.—For other than small and light burns, send for a physician. The child may die from shock.

Emergency treatment: Remove clothing by cutting where necessary. Avoid dirty ointments or oils because of the danger of infection. Apply to burn as quickly as possible several layers of soft cloth wet with solution of baking soda. Keep air away from burn. As soon as pain is allayed, apply zinc oxide ointment and bandage.

Colds.—Rest in bed as long as there is fever. Give less food and more water. Open the bowels freely with oil laxative. Apply a few drops vaseline to nose every few hours. For older children, spray nose and throat freely with oil spray or one-fourth teaspoonful each of baking soda and common salt in one cup of warm water. For complicated, persistent, or repeated colds, improve hygiene to build up the child's resistance, and apply to physician for treatment. Consult a surgeon for adenoids and diseased tonsils.

Constipation.—The diet or habits are at fault. There may be a deficiency in the amount of fat in the diet, too much or too little sugar, or not enough fruit and green vegetables. A deficiency in the amount of water given is sometimes responsible. Do not give laxatives habitually; they make constipation worse. Send the child to stool at a regular time each morning. Use enema of one-half to one ounce of olive oil. Milk of magnesia or cascara sagrada may be used in emergency.

Convulsions.—Without stopping to undress, place child in a tub bath, temperature 98° F. (blood heat) for 10 minutes. Always test water with your own bare elbow. Keep cold cloth around head and neck. If convulsions are caused by eating improper food, give prompt enema and laxative and warm-water emetic. Keep the child in bed until he recovers from shock. Consult a physician.

Cough.—Avoid cough sirups; they are dangerous for children. Plain honey or stewed fig juice is soothing. Apply vaseline in the nose at night and cold press or mild mustard to throat and chest. Ask the doctor to find the cause and follow his directions.

Croup.—A child subject to repeated attacks of croup should be examined by a nose and throat specialist, and any treatment necessary to improve the health undertaken. If breathing is difficult, give warm salt or soda water emetic to induce vomiting. Apply heat to the chest for 10 minutes, followed by cold compress. If severe, throw a light blanket over child's head and the spout of kettle of boiling water, allowing child to inhale steam. Add to the boiling water two tablespoonfuls of compound tincture of benzoin or a teaspoonful of vinegar.

Croup which develops suddenly in a child previously well is not likely to be a serious matter. On the other hand, croup which develops slowly in a child previously ailing, may be due to the formation of a diphtheritic membrane in the windpipe. No time should be lost in calling a doctor.

Crying.—The very sick baby does not cry hard. There is a low moaning or wail, with sometimes a turning of the head from side to side. A whimpering crying baby is hungry, or may be suffering from indigestion. A fretful crying baby is sleepy or uncomfortable. Lusty crying may be temper. Crying with tears in the eyes and clenching of fists, indicates pain. Irritability and lustful crying at night may be a symptom of scurvy. When that condition is present, handling is usually painful to the child. A mother should learn to recognize the nature of baby's cry.

Diarrhea.—In babies diarrhea is due to incorrect feeding or to contaminated food. Stop all food for 12 hours. Begin again to feed with diluted milk, no solid food for several days.

Give baby all he wants of cool boiled water. If you are far away from a doctor or can't get one immediately, give the baby a teaspoonful of fresh castor oil. *Do not give him patent medicines or mixtures advised by neighbors.*

Dog or cat bite.—Send for a doctor. Do not kill the animal but pen and observe it for symptoms of rabies. Extract poison from wound, applying warm water to make it bleed more freely. If dog is undoubtedly mad, the wound must be cauterized with strong nitric acid or hot iron. Telegraph to the State board of health at once for directions for securing treatment.

Drowning.—Do not stop for anything, but at once suspend the child's head downward and pull tongue forward to allow water to run out of mouth. Lay the patient face down, the tongue out, and do artificial respiration for several hours. (See any standard text on first aid.) Put warm blankets about the child and rub arms and legs toward heart. Get a doctor as soon as possible.

Earache.—Symptoms of earache in infants: Crying, turning the head from side to side, trying to put the hand on aching side. Earache very frequently accompanies or follows a severe cold or an attack of tonsillitis, and then is caused by an extension of the inflammation to the middle ear. This may result in deafness or mastoid abscess. Apply dry heat, hot water bottle, or dry salt heated and placed in a sack or old sock. Drop into the ear a few drops of 5 per cent phenol in glycerine. Never neglect earache. Have the child examined by a doctor, and if necessary by an ear specialist.

Eyes (sore or inflamed).—Sore eyes are reportable by law. Call your doctor. While waiting for him to come, bathe the eyes hourly with a saturated solution of boric acid.

Eczema.—Cleanse affected parts with olive oil, avoiding water, soap, or other irritating substance. In eczema the diet is usually at fault. *Keep the bowels open freely.* Apply remedies and change the diet according to physician's directions.

Fainting.—Place child with head lower than the rest of the body. Get fresh air. Dash cold water on face. Rub extremities toward heart. If fainting is frequent, consult a physician.

Fever.—Fever is not a disease but a symptom. Undress and put the child to bed. Reduce diet and give plenty of drinking water. Open the bowels. Apply cool cloths to head and neck or give cool or tepid sponge baths. In high temperature, 103° or over, or continued or frequent temperature, send for the doctor.

Foreign body in ear.—Do not attempt to remove by poking. Lay the side of the head with the affected ear down and wait for the doctor. If a live insect has crawled into the ear, put into the ear a few drops of sweet oil or mineral oil.

Foreign body in eye.—Tears may wash it out. Do not rub the eye. If visible, remove with corner of clean handkerchief. Wash eye with boric acid solution. Consult physician or eye specialist.

Foreign body in nose.—Do not attempt to remove by poking. Let the child blow the nose while holding the opposite nostril shut. If this fails, call the doctor.

Foreign body in throat.—Do not get excited. Put your fingers in throat and remove the article. If you can not reach it, hold child up by the ankles, head downward, and slap on the back. Then try reaching the obstruction again, if necessary. If the article has been swallowed, give the child a quantity of soft bread. Do not give laxative. Watch the stools for a few days. In most cases a foreign body will be passed without trouble.

Frostbite.—Apply snow or ice to frostbitten parts. Keep child away from heat. Removal to warm room should be made with great care. For severe frostbite or freezing, call a physician.

Headache.—Find out and treat cause. Headache may be due to constipation, indigestion, eye strain, excitement, fatigue, or over-eating. Apply cold cloths to forehead and back of neck. Inhale camphor, menthol, ammonia, or smelling salts. Avoid headache remedies. They are exceedingly dangerous for children.

Holding the breath.—Occurs after great excitement, crying, or exposure to cold air. Dash cold water in face. If frequent, consult physician.

Night terrors.—Probably caused by indigestion and constipation. Give the child a careful diet, light evening meal, healthy outdoor life, avoiding excitement. If continued or frequent, consult physician. Examine for enlarged tonsils, adenoids, decayed teeth, genital adhesions, or tuberculosis.

Poisons swallowed.—Better prevented than cured. Never put any poison where a child may possibly get into it. Learn the antidote for the commoner forms of poisoning, or keep a table of poisons and remedies. Always send for a doctor promptly, advising him the poison taken so he may come prepared.

Insect stings.—Remove the sting and apply spirits of camphor, ammonia, or wet baking soda.

Snake bites.—The wound must be made to bleed freely and poison must be sucked out. If a poisonous snake, tie a cord above wound to stop progress of the blood, and keep poison out of general circulation. Send for a doctor.

Sunburn.—Prevent as much as possible by shade and by protecting the skin with cold cream before taking the child into the sun or wind. Avoid use of water on a sunburn. Apply sweet cream, almond lotion, or cold cream.

Sore throat.—Indicated in an infant by difficulty and pain on swallowing. Safest to call a physician. An older child may gargle the throat or have it sprayed with a mild antiseptic solution, such as one-fourth teaspoonful of baking soda and table salt to one cup of warm water. Sterilize drinking cup and tableware used by child with sore throat to prevent the spreading of the infection.

Sun prostration.—Characterized by prostration, flushed face (sometimes pale and clammy), and vomiting. Requires only rest in cool room and tepid sponging.

Toothache.—Clean cavity of all débris; pack decayed tooth with a bit of absorbent cotton with oil of cloves or 5 per cent phenol in glycerine. Consult dentist always.

Vomiting (active).—May be due to acute indigestion, infectious diarrheal disease, or general infectious disease, scarlet fever, or other acute eruptive disease. Stop giving food and water.

Habitual vomiting.—Habitual vomiting may be caused by too rapid feeding, feeding in a reclining position, or not holding the baby and bottle properly; laying the baby down too soon; rough handling of the baby too soon after feeding; wrong kind of food, particularly too much fat, sugar, or curd in raw milk; too large a total quantity at a feeding; too short intervals between feedings. Regulate faults of feeding. If vomiting is persistent, consult a physician.

REORGANIZATION OF THE GREEK MINISTRY OF PUBLIC ASSISTANCE.

A reorganization of the Greek Ministry of Public Assistance is being considered, to incorporate in the Ministry, among other changes, a Bureau of Hygiene and a Bureau of Infant Welfare. The work of these bureaus will be largely of a preventive and educational nature. Already, with a view to raising the physical standard of the children, school nursing has been established, and a clinic to which poor women may bring their infants for examination and advice. These activities, which heretofore have been in the hands of charitable organizations, the American Red Cross having been especially active in this work, are to be taken over by the Ministry of Public Assistance. In connection with the examination of school children,